

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33795**  
**8645**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>											
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>38 7031 Olive St.</b>				e. STREET ADDRESS (If rural, give location) <b>277 4323 Snow St.</b>											
3. NAME OF DECEASED (Type or Print)		a. (First) <b>William</b>		b. (Middle) <b>Linb</b>		c. (Last) _____									
4. DATE OF DEATH		Month <b>Sept.</b> Day <b>12</b> Year <b>1957</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>									
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Dec. 23, 1891</b>		9. AGE (in years last birthday) <b>65</b>		10. IF UNDER 1 YEAR: Months <b>8</b> Days <b>70</b>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If not at work, give last occupation) <b>housing authority</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>England</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>									
13a. FATHER'S NAME <b>William Linb</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Maiden</b>		13c. NAME OF HUSBAND OR WIFE <b>Elizabeth Linb</b>		14. ADDRESS _____									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-32-6815</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Edward J. Berger</b>		18. ADDRESS <b>457 N. Kings Highway</b>									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Two Previous Coronary Occlusions</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____							
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____											
22. I hereby certify that I attended the deceased from <b>Feb</b> , 19 <b>54</b> , to <b>9-12</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>8-31</b> , 19 <b>57</b> , and that death occurred at <b>5:45 P.M.</b> , from the causes and on the date stated above.															
23a. SIGNATURE <b>Edward J. Berger M.D.</b>				23b. ADDRESS <b>457 N. Kings Highway</b>				23c. DATE SIGNED <b>9-8-57</b>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>9-16-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Palballe Cemetery</b>		24d. LOCATION (city, town, or county) <b>St. Louis Co. Mo.</b>		(State) _____							
DATE REC'D BY LOCAL REG. <b>SEP 16 57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith M.D.</b>		ADDRESS <b>516 Delmar</b>		_____							
_____ (Licensed Embalmer's Statement on Reverse Side)															

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, ~~or by~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Elmer R. Padgett*

Licensed Embalmer No. *40*

P. O. Address..... *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.